DBT Skills to Address Eating Disorders

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Disclosures

- I am a paid faculty member of the Training Institute for Child and Adolescent Eating Disorders
Agenda

- Comorbidity of eating disorders (ED) and emotion dysregulation
- Approaches to comorbid treatment
- Treatment model in adults
- Case example
- Treatment model in adolescents
- Summary
Emotion dysregulation + eating disorders

- Populations many clinicians don’t want to treat
  - Eating Disorders
  - Borderline Personality Disorder (or significant BPD traits)
- “Complex clinical presentations”
Comorbidity of BPD & ED

- Approximately 20-30% of individuals with BPD have co-occurring ED
- Likewise, 20-25% of individuals with ED have co-occurring BPD
- Many more exhibit sub-clinical levels of these disorders
- Many disordered eating behaviors may be ineffective methods of regulating emotion
  - Binge eating
  - Purging
  - Caloric restriction

Wonderlich & Mitchell, 1997
Zanarini, Frankenburg, Hennen, Reich, & Silk, 2004
Heatherton & Baumeister, 1991
Approaches to comorbid treatment

- Sequenced intervention
- Combined intervention
- Individual intervention
Approaches to comorbid treatment

- Sequenced intervention
  - Prioritization based on severity/clinical necessity
  - Informed consent of patient that only one disorder is the focus of treatment at that time
  - Can be difficult to adhere to a single intervention unless course of illness remains consistent
Deciding when to sequence

- Highly suicidal
- Severely underweight
- Self-harming (NSSI)

Clinical significance of either disorder
Approaches to comorbid treatment

- Combined intervention
  - Utilize multiple empirically supported treatments concurrently
  - Can be difficult if underlying theories of treatments differ
  - Can be A LOT of new material to learn
Treatment for ED

- Front line treatment of adult ED is enhanced cognitive behavior therapy (CBT-E)
- Front line treatment of adolescent ED is family-based treatment (FBT)
  - Sometimes called the “Maudsley Method”
Treatment for BPD

- Front line treatment for BPD and disorders of emotion dysregulation is dialectical behavior therapy (DBT) by Marsha Linehan
- “Full-package” includes:
  - Individual therapy
  - Skills training class
  - In vivo skills coaching
  - Consultation Team
Treating both simultaneously

- Model for utilizing DBT in the treatment of eating disorders
- Developed for binge eating and bulimia nervosa
- Useful in targeting these ED symptoms
- Assumes preexisting knowledge of DBT and ED treatments

Safer, Telch, & Chen, 2009
3-legged stool of evidence based treatment

Empirical support for diagnosis/condition

Clinician expertise/training

Patient preference
Approaches to comorbid treatment

- Individual intervention
  - Typically a combination intervention
  - Specific to the individual patient
  - Specific to the individual clinician
  - Informed consent and collaborative process with patient
Approaches to comorbid treatment

- Individual intervention
  - Fitting the 3-legged stool
  - Accounting for all “legs” suits both patient and clinician well
    - Empirical support for diagnosis/condition means the clinician has a clear direction and structure
    - Clinician expertise/training means the clinician can feel more confident in their ability to help
    - Patient preference means more buy-in from patient
How can you create an individualized intervention?
DBT and ED Treatment for Adults

CBT-E Components
- Self-monitoring
- Normalized eating
- Weight gain (if necessary)
- Cessation of binge eating (if applicable)
- Cessation of vomiting (if applicable)

DBT Components
- Self-monitoring (via Diary Card)
- Behavioral tracking
- Effective skill usage
Full DBT versus DBT skills

- But I don’t/can’t/won’t/please don’t make me … do full-package DBT!
- Research supports the use of DBT skills as a stand alone intervention for ED, showing:
  - Reductions in ED behaviors
  - Reductions in ED cognitions
  - Improvement in related areas (e.g., appetite awareness)

Harned & Botanov, 2016
Specifically for bulimia nervosa, the DBT skills workbook published in 2009 teaches how to apply all 4 core skill sets to bulimic symptoms.
Okay ... this all sounds great ... but now TELL ME WHAT TO DO!
Treatment Model

- Utilize DBT skills as primary treatment
- Include a diary card for self-monitoring/tracking
- Link ED behaviors/thoughts/related emotions to skills
DBT Skills overview

- Distress tolerance
- Emotion regulation
- Interpersonal effectiveness
- Mindfulness
DBT Skills Overview

- Distress tolerance
  - Get through the distressing situation or crisis without making things worse or adding to problems
    - Changing physiology
    - Distraction
    - Self-soothing
    - Accepting reality
    - Awareness of thoughts
Distress Tolerance in ED

- Urges to binge or purge
- Urges to weigh yourself
- Sitting with yourself after eating
- Body acceptance
- Acceptance of the need for treatment can reduce drop-out
- Costs and benefits of ED behaviors
DBT Skills Overview

- Emotion regulation
  - Understanding emotions and their function
  - Separating actions from emotions (“I am not my emotion”)
  - Problem solving challenging situations
  - Increasing positive events in life
  - Taking care of all physical needs
  - Set yourself up for emotional success
Emotion Regulation in ED

- Understanding emotions can help with alexithymia
- Urges to do ED behavior can exist without acting on it
  - Validating emotion while also changing behavior
- Increasing positive activities and social connections
- Focus on physical needs, including eating
  - Normalized eating in CBT-E dovetails well
DBT Skills Overview

- Interpersonal effectiveness
  - Balancing goals while maintaining relationships and not damaging your own self-esteem
  - How to skillfully ask for what you want or say no to unwanted requests
  - Determining goals and priorities in interpersonal situations
  - Validation of self and others
  - Interact with others in a way that gets you to your goals
Interpersonal Effectiveness in ED

- Often social interactions or social feedback can be a prompting event for ED behavior
- Maturity fears can lead to childlike behavior being reinforced
- Often interpersonal situations are seen in black/white terms
- Quiet/passive rebellion
DBT Skills Overview

- Mindfulness
  - Core skill for everything in DBT
  - Learning to focus our awareness where we want and when we want
  - Slowing down our experiences to see component parts (thoughts, emotions, urges, actions, etc.)
  - Noticing the series of events that make up a seemingly immediate action or response
  - Can be applied in any aspect of life
Mindfulness in ED

- Helps to prevent emotional avoidance
- Helps behavior to be more intentional
- Describing experiences allows others to give alternate opinions
- Helps to begin separating “ED thoughts” from other thoughts
Treatment Model

- Utilize DBT skills as primary treatment
- Include a diary card for self-monitoring/tracking
- Link ED behaviors/thoughts/related emotions to skills
Diary Card

- Kept by patient each week and reviewed in session
- All target behaviors are included
- Urges to engage in target behaviors are included
- Emotion tracking
- Skill usage tracking
<table>
<thead>
<tr>
<th>Name/Client ID:</th>
<th>Day of the Week:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**EMOTIONS (0-5)**

<table>
<thead>
<tr>
<th>Anger</th>
<th>Fear/Anxiety</th>
<th>Sadness</th>
<th>Guilt</th>
<th>Shame</th>
<th>Joy</th>
<th>Jealousy</th>
</tr>
</thead>
</table>

**URGES (0-5)**

Deviation: 0 = None, 1 = A few seconds to a few minutes, 2 = Several minutes to less than an hour, 3 = More than one hour, 4 = Several hours, 5 = More than half the day to the whole day.

Intensity: 0 = None, 1 = Very Low, 2 = Low, 3 = Moderate, 4 = High, 5 = Very High.

<table>
<thead>
<tr>
<th>Suicidal Ideation</th>
<th>Self-Harm</th>
<th>Suicide Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ACTIONS**

- # FR
- Visits/Hospitalizations
- # Suicide Attempts
- # SH Behaviors

**HOMEWORK**
Treatment Model

- Utilize DBT skills as primary treatment
- Include a diary card for self-monitoring/tracking
- Link ED behaviors/thoughts/related emotions to skills
Case example: “Tammy”

- Fight with friend
- Sadness, anger
- Urge to vomit
- Used a skill
- Outcome
Case example: “Tammy”

- Fight with friend
- Sadness, anger
- Urge to vomit
- Used a skill

Interpersonal effectiveness
Emotion regulation
Distress tolerance
Mindfulness
Outcome
DBT and ED Treatment for Adolescents

FBT Components
- Parent management of eating and exercise
- Developmentally appropriate “apprenticeship model”

DBT Components
- Self-monitoring (via Diary Card)
- Behavioral Tracking
- Effective skill usage
DBT skills + FBT

- Teach skills to both parent(s) and adolescents
  - Skills use for parents to manage their own emotional reactions
  - Skills use for adolescent to reduce push-back
- Diary Card can be simplified to mainly track ED behaviors
- Continue linking skills to specific challenges of implementing FBT
  - Distress tolerance during meals
  - Radical acceptance for adolescent
  - Interpersonal effectiveness for navigating intrafamily conflict
DBT Skills for ED

- Solid evidence base
- Eases clinician flexibility
  - More adaptable to a variety of clinical presentations and treatment settings
  - Reduces burden to train on multiple new treatments
- Enhances patient engagement
  - Allows clinician to work on patient goals (not just food!)
DBT Skills for ED

- Once familiar, you can use these skills “ala carte”
- Do not **have** to be your primary intervention to still be useful
  - Incorporate skills that are most relevant
- Knowledge of skills can be useful beyond treatment of eating disorders or personality disorders
QUESTIONS?

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